

SCC eFile	2015 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	215515847				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: ERIE INSURANCE COMPANY OF NEW YORK</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: JAMES E WEAVER COLONNADE CORPORATE CENTER 2820 ELECTRIC RD STE 100 ROANOKE, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: ROANOKE COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: NY</p> </div> <div style="width: 35%;"> <p>DUE DATE: 4/30/2015</p> <p>SCC ID NO: F1706938</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMV</td> <td>23,500</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMV	23,500
CLASS	AUTHORIZED					
COMV	23,500					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 100 ERIE INSURANCE PLACE</p> <p style="text-align: center;">CITY/ST/ZIP: ERIE, PA 16530</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: TERRENCE W CAVANAUGH TITLE: P/CEO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: TERRENCE W CAVANAUGH TITLE: P/CEO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: TERRENCE W CAVANAUGH TITLE: P/CEO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: RICHARD F BURT, JR. TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: RICHARD F BURT, JR. TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: RICHARD F BURT, JR. TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: MARCIA A DALL TITLE: EXEC VP/CFO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: MARCIA A DALL TITLE: EXEC VP/CFO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: MARCIA A DALL TITLE: EXEC VP/CFO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: GEORGE D DUFALA TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: GEORGE D DUFALA TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: GEORGE D DUFALA TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: ROBERT C INGRAM, III TITLE: EXEC VP/CIO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: ROBERT C INGRAM, III TITLE: EXEC VP/CIO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: ROBERT C INGRAM, III TITLE: EXEC VP/CIO ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: JOHN F KEARNS TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: JOHN F KEARNS TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
NAME: JOHN F KEARNS TITLE: EXEC VP ADDRESS: 100 ERIE INSURANCE PLACE CITY/ST/ZIP/CO: ERIE, PA 16530	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR				

NAME:	SEAN J. MCLAUGHLIN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	EXEC VP/S/GC		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	MARC CIPRIANI	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	BRADLEY C. EASTWOOD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	ROSS C FONTICELLA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	GREGORY J GUTTING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	WILLIAM N HERR, JR.	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	ROBERT W MCNUTT	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VP & TREASURER		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	BRADLEY G POSTEMA	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP & CIO		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	DOUGLAS E SMITH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SR VP		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	BRIAN W BOLASH	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	100 ERIE INSURANCE PLACE		
CITY/ST/ZIP/CO:	ERIE, PA 16530		
NAME:	THOMAS B HAGEN	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	CHAIRMAN		
ADDRESS:	2800 MCCLELLAND AVENUE		
CITY/ST/ZIP/CO:	ERIE, PA 16514		

NAME:	JAMES E CAFLISCH	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	928 MARVIN ROAD		
CITY/ST/ZIP/CO:	CLYMER, NY 14724		
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ SEAN J. MCLAUGHLIN	SEAN J. MCLAUGHLIN, EXEC	4/24/2015	
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VP/S/GC PRINTED NAME AND CORPORATE TITLE	DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			